

EXHIBIT 5

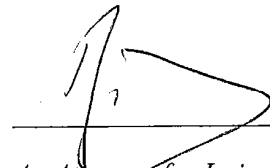
Elaine Langweiler
September 19, 2014
Page 10

CERTIFICATE OF SERVICE

I hereby certify that a true and accurate copy of the foregoing Requests for Production of Documents, Interrogatories, Requests for Admissions and accompanying letter relating to the objection to the Trustee's determination of claim number 010899 (Case No. 08-01789, Docket No. 2718) was served this 19th day of September, 2014 by First Class Certified Mail upon the following:

Elaine Langweiler

Redacted



*An Attorney for Irving H. Picard, Trustee
for the Substantively Consolidated SIPA
Liquidation of Bernard L. Madoff
Investment Securities LLC and the Estate
of Bernard L. Madoff*

MADOFF VICTIM FUND
P.O. BOX 6310
SYRACUSE, NY 13217-6310

7010899 - CRC
ELAINE LANGWEILER

Redacted

We are writing to confirm that we have received the claim you submitted to the Madoff Victim Fund (MVF) and have assigned it claim number **7010899**. Please retain this number and include it in any correspondence or emails you send to the MVF and have it accessible if you call MVF customer service. No further action is required from you at this time. If your address or contact information changes, please inform us immediately so that we have your current information.

www.madoffvictimfund.com
(866) 624-3670

MCMDP_00010364

Madoff Victim Fund
P.O. Box 6310
Syracuse, NY 13217-6310

Petition ID: 7010899

ELAINE LANGWEILER

Redacted

PETITION FORM IND
Claim filed by Indirect Investors

Claim Attached - MADOFF VICTIM FUND
Distribution Vehicle for Forfeited Assets

Elaine Langweiler

on behalf of the

Redacted



UNITED STATES DEPARTMENT OF JUSTICE

All submissions to the Madoff Victim Fund will be considered in support of a claim only if they are verified under the penalty of perjury pursuant to 28 U.S.C. § 1746.

INSTRUCTIONS

Petition Form IND is for use of investors filing a claim with the Madoff Victim Fund ("MVF") who invested with Madoff Securities through an intermediate investment entity, rather than a direct account.

Please review the Frequently Asked Questions section at www.madoffvictimfund.com for further information regarding claim eligibility and the claims process.

Generally the claims of indirect investors eligible to use this Form IND were denied in the Madoff bankruptcy proceedings, as the claimants did not have a direct account with Madoff Securities. If you are an individual whose claim in the bankruptcy proceedings was allowed, you should file with the MVF on Form DIR.

An Indirect Investor is someone who invested their money in Madoff Securities through a family trust, an investment partnership, investment company, bank managed account, hedge fund, "feeder fund" or any other intermediary. Claimants utilizing this Form IND must be able to document an investment in Madoff Securities through one or more other investment vehicles, and show that they suffered a net loss based on a "cash in, cash out" analysis.

The United States Department of Justice ("DOJ") will determine all questions of eligibility to make a claim on MVF in its sole discretion.

PETITION FORM IND

Claim filed by Indirect Investors

MADOFF VICTIM FUND

Distribution Vehicle for Forfeited Assets

on behalf of the



UNITED STATES DEPARTMENT OF JUSTICE

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if they are verified under the penalty of perjury pursuant to 28 U.S.C. § 1746.*

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Making an Individual Claim

If you are an individual and you lost funds you invested in Madoff Securities through a partnership, family trust, bank investment fund or other pooled vehicle, you are eligible to file a claim with MVF even though you did not receive any payment from SIPC and your claim was rejected in the Madoff Securities bankruptcy proceedings. ALL investors who lost funds in the collapse of Madoff Securities may be eligible for a payment of remission from the MVF, and you are entitled to file a claim on your own behalf irrespective of any other entity through which you may have invested. We encourage all indirect investors victimized in the Madoff fraud to file a claim on this Form IND for your monetary losses rather than relying on any other person or entity to file a claim on your behalf.

Where the investor files a claim using this Form IND, your individual claim will take priority over any claim made on your behalf by a pooled investment vehicle or its administrator. Where two or more claims are filed, MVF will consolidate claims information. HOWEVER, TO BE SAFE YOU SHOULD FILE ON YOUR OWN BEHALF. IF YOU ELECT TO RELY ON SOMEONE ELSE TO FILE A CLAIM ON YOUR BEHALF AND THEY DO NOT DO SO FOR ANY REASON, YOU MAY LOSE YOUR OPPORTUNITY FOR A RECOVERY.

Victim Status

To qualify for a recovery from the MVF a claimant must have been a "victim" of the crimes that took place involving Bernard Madoff or Madoff Securities. A victim must have suffered a monetary loss on an investment made with Madoff Securities on or before December 11, 2008. Such a qualifying investment can have been made as a direct account holder, or indirectly through another person or entity. However, no person or entity will be an eligible victim if it did not actually lose its own money in the fraud at Madoff Securities.

Investments Through Multiple Pooled Vehicles. One characteristic of the fraud at Madoff Securities was the use of multiple tiers of investment partnerships or conduits to gather assets and funnel them to Madoff Securities. A victim of the Madoff fraud may file with MVF no matter how many layers of investment vehicles were between the investor and Madoff Securities, so long as the net loss from an actual investment of cash with Madoff Securities and other factors can be established.

In all cases MVF will look through the formal structure of investment vehicles to determine the economic substance of whose funds were ultimately lost in the fraud at Madoff Securities. These "ultimate or underlying investors" are generally the persons who will be eligible to recover from MVF. Although pooled investment managers may file claims *on behalf of their underlying investors*, unless they lost their own proprietary funds MVF will consider the investors, not the "investment managers," to be the eligible victims.

Offsets

The net loss of each investor in a pooled investment vehicle generally will be computed on an individual basis, without aggregating investments or withdrawals with those of unrelated individuals. This is a different process for computing loss than used in the Madoff Securities bankruptcy, where investments and withdrawals were netted across all investors using the same pooled account.

MVF will aggregate the deposits and withdrawals in multiple accounts of a single investor, and among multiple investors wherever DOJ determines that there is a "unity of interest" between two or more investors or accounts. Where a unity of interest is determined to exist, these accounts will be consolidated for purposes of determining the combined "net loss." However unless such a "unity of interest" is determined to exist, the measurement of net investment losses or net cash withdrawals will be done on an individual basis, without netting against the deposits or withdrawals of others who invested through the same account.

Full Disclosure. A claim on this Form IND must disclose fully and completely all of an investor's accounts with interests in Madoff Securities, and all investments and withdrawals from all accounts. Failure to provide complete and accurate information will be grounds for disqualifying a Petition.

Collateral Recoveries. In processing a claim, all "collateral recoveries" from any source must be deducted from the net investment amount. See the FAQs for a description of collateral recoveries.

For additional information regarding MVF eligibility requirements,
please refer to our website at www.madoffvictimfund.com.

Submission Requirements

- This Form IND should be completed and signed by the **underlying investor** of the investment in Madoff Securities. The underlying investor of an investment is the person who took funds out of any of their other assets and invested them either directly or indirectly with Madoff Securities. Funds may have been withdrawn from a savings, checking or investment account, or may have come from the sale of other investment assets. The money may also have come out of a 401(k) or other retirement savings vehicle. It doesn't matter how the money got into Madoff Securities if it was the victim's own money, it was actually invested in Madoff Securities (either directly or through one or more intermediate investments) and it was lost due to the collapse of Madoff Securities. For investments made jointly, all parties must complete and sign the Petition.
- If submitted on behalf of an underlying investor by an attorney, the Petition must be accompanied by a signed and sworn statement of the underlying investor stating that:
 - the attorney has the authority to represent the underlying investor in connection with the submission of the Petition;
 - the underlying investor has fully reviewed the Petition; and
 - the Form is truthful and accurate in every respect.
- If submitted on behalf of an estate, the Petition must be submitted by a court-appointed executor or administrator of the estate. Any such Petition must be accompanied by documentary proof of the individual's authority to act on behalf of the estate.
- If submitted on behalf of an entity, the person signing the Petition must provide documentary proof of authority to sign the Petition and authority to provide the certification and release contained herein.
- You must disclose all accounts that held investments on your behalf, whether directly or indirectly.
- This Form IND must be received by MVF before the deadline for submission of claims, or within such later period as the DOJ may determine to accept submissions on behalf of victims.
- Losses on investments in swaps or other derivatives whose value was measured by interests in Madoff Securities, but where funds were never actually invested with Madoff Securities, will NOT qualify for purposes of claims on MVF.

Completion and submission of this Petition does not automatically entitle you to a distribution from MVF. Determination letters regarding the eligibility of claims will be mailed later in the claims process.

PETITION FORM IND
Submitted by Indirect Investors

IA Indirect Investor Information

The name of the actual underlying investor whose funds were lost in the fraud at Madoff Securities must be provided. For investments in the name of nominees, the identity of the actual investor who is the principal must be provided. Payments will not be made to nominee entities.

Please type or print using blue or black ink

Account Information	Madoff Securities Account Number that your money was ultimately invested in	SIPA Claim ID (if known and applicable)
	1-50299	
	Name on Madoff Securities Account	
	David Shapiro Nominee 3	

Primary Claimant	Claimant's (Investor's) Name	
	Elaine Langweiler	
	Tax ID (Check one) <input checked="" type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Foreign ID	
	Redacted -1599	(If Foreign ID, provide country)

Joint Claimant	Joint Claimant's Name (if any)	
	Tax ID (Check one) <input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> Foreign ID	
		(If Foreign ID, provide country)

Investor's Mailing Address	Attention
	Elaine Langweiler
	Street Address
	Redacted
	Country
	Redacted

Investor's Contact Information	Daytime Phone	Alternate/Cell Phone
	Redacted	Redacted
	Contact Name (if other than primary claimant)	
	E-mail Address or Website	

IB Identify the Pooled Investment Vehicle in Which You Invested

Please type or print using blue or black ink

Securities Account	Your Account Number with the Pooled Investment Vehicle
	50299
Name on the Account	Elaine Langweiler

Vehicle Information	Name of the Pooled Investment Vehicle (if different from the Madoff Securities Account)
	David Shapiro Nominee 3
	Name of Liquidator or Administrator (if applicable)
Status	
<input type="checkbox"/> Operating <input checked="" type="checkbox"/> Closed / Defunct <input type="checkbox"/> In Liquidation <input type="checkbox"/> Other	

Mailing Address	Attention
	David Shapiro
	Street Address
	Redacted
City, State, Zip, Postal Code	
Redacted	

Contact Information	Redacted	Alternate/Cell Phone
	Contact Name (if other than primary claimant)	
	David Shapiro	
	E-mail Address or Website	Redacted

Account Documentation

Please provide documentation detailing your account relationship with the pooled investment vehicle in which you invested. Depending on the type of pooled investment vehicle, documentary proof can include a copy of a partnership agreement, an operating agreement, an account agreement, an investment management agreement or a trust agreement.

II Tax-Deferred Accounts

If the investment in Madoff Securities was through an individual tax-deferred account, such as a 401(k), 403(b) or IRA account, please provide the name, phone number and account number for the institution in which the investor's tax-deferred account is currently held.

Financial Institution _____
Account Number _____ Phone Number _____

III Transactions

If you filed a claim in the Madoff Securities bankruptcy proceeding, we have a copy of all documentation you submitted with that claim and you do *NOT* need to resubmit that documentation. However, you will need to confirm under the penalty of perjury that the documentation you provided to the trustee was correct, and complete as of the date it was submitted. You will also have to verify the completeness and accuracy of information with regard to developments, including recoveries, since the date your material was originally submitted to the trustee in the Madoff Securities bankruptcy. In addition, you must provide any documentation requested below that has not already been submitted to the trustee. In all cases of doubt, please provide the necessary documentation so we can review your claim.

Complete the transaction table below, including every deposit (or purchase of unitized shares) and withdrawal (or sale of unitized shares) comprising your investment in any intermediary pooled investment vehicle which was ultimately invested in Madoff Securities. Please enter the full amount of each transaction and the percentage of each transaction that was allocated to Madoff Securities. You must attach documentary proof of each transaction. If you need additional space, please make copies of the table or download additional pages from our website.

Documentary proof of transactional information can include statements you received from the pooled investment vehicle, wire transfer confirmations, cancelled checks, receipts, letters from fund administrators or investment advisors (on company letterhead), etc. To make a claim for your losses, you will have to provide sufficient documentation to allow MVF to trace the flow of your investments in and out of the pooled investment vehicle, and ultimately in and out of Madoff Securities.

Please submit copies and keep the originals.

INDIRECT INVESTOR TRANSACTION TABLE

Date of Transaction	Transaction Type (Deposit/Withdrawal/ Purchase/Sale)	Transaction Description or Note (if applicable)	Madoff Securities Allocation %	Amount (USD or Local Currency)
4/24/93	Deposit	Check from National Westminster Bank		19,000.00
4/24/93	Deposit	Check from Queens County Savings Bank		10,000.00
1/9/94	Deposit	Check from Queens County Savings Bank		20,000.00
10/22/96	Deposit	Check from Queens County Savings Bank		10,000.00
1/24/02	Deposit	Check from NY Community Bank		9,970.00
11/5/02	Deposit	Check from NY Community Bank		15,000.00
12/20/04	Deposit	Check from NY Community Bank		5,000.00
12/2/06	Deposit	Check from NY Community Bank		10,000.00
8/25/08	Deposit	Check from NY Community Bank		5,000.00

Total Deposits (Cash In): 94,970.00

Total Withdrawals (Cash Out): see attached sheets

(Please provide documentation to support the percentage of each transaction that was ultimately invested in, or withdrawn from, Madoff Securities. If you made a separate investment in another pooled investment vehicle account, please make a copy of the transaction tables and fill in the necessary information regarding that investment.)

*This is not a determination of the eligible amount of your claim.
It is merely a listing of the cash transactions relating to your indirect investment with Madoff Securities.*

INDIRECT INVESTOR TRANSACTION TABLE

Date of Transaction	Transaction Type (Deposit/Withdrawal/ Purchase/Sale)	Transaction Description or Note (if applicable)	Madoff Securities Allocation %	Amount (USD or Local Currency)
9/8/93	Withdrawal			550.85
10/15/93	Withdrawal			292.73
11/17/93	Withdrawal			270.26
12/27/93	Withdrawal			168.95
2/2/94	Withdrawal			315.17
3/22/94	Withdrawal			585.38
5/2/94	Withdrawal			607.73
6/1/94	Withdrawal			450.21
7/2/94	Withdrawal			225.22
8/26/94	Withdrawal			879.71
10/5/94	Withdrawal			361.19
11/7/94	Withdrawal			678.23
12/7/94	Withdrawal			678.09
12/30/94	Withdrawal			176.49

Total Deposits (Cash In): _____

Total Withdrawals (Cash Out): 6,240.21

(Please provide documentation to support the percentage of each transaction that was ultimately invested in, or withdrawn from, Madoff Securities. If you made a separate investment in another pooled investment vehicle account, please make a copy of the transaction tables and fill in the necessary information regarding that investment.)

*This is not a determination of the eligible amount of your claim.
It is merely a listing of the cash transactions relating to your indirect investment with Madoff Securities.*

INDIRECT INVESTOR TRANSACTION TABLE

Date of Transaction	Transaction Type (Deposit/Withdrawal/ Purchase/Sale)	Transaction Description or Note (if applicable)	Madoff Securities Allocation %	Amount (USD or Local Currency)
1/30/95	Withdrawal			610.11
3/13/95	Withdrawal			673.35
4/7/95	Withdrawal			494.66
5/23/95	Withdrawal			1,079.43
6/28/95	Withdrawal			269.97
7/27/95	Withdrawal			629.90
9/27/95	Withdrawal			337.28
10/28/95	Withdrawal			452.70
11/28/95	Withdrawal			495.17

Total Deposits (Cash In): _____

Total Withdrawals (Cash Out): 5,042.57

(Please provide documentation to support the percentage of each transaction that was ultimately invested in, or withdrawn from, Madoff Securities. If you made a separate investment in another pooled investment vehicle account, please make a copy of the transaction tables and fill in the necessary information regarding that investment.)

*This is not a determination of the eligible amount of your claim.
It is merely a listing of the cash transactions relating to your indirect investment with Madoff Securities.*

INDIRECT INVESTOR TRANSACTION TABLE

Date of Transaction	Transaction Type (Deposit/Withdrawal/ Purchase/Sale)	Transaction Description or Note (if applicable)	Madoff Securities Allocation %	Amount (USD or Local Currency)
1/20/96	Withdrawal			675.08
2/28/96	Withdrawal			140.45
3/24/96	Withdrawal			496.49
6/5/96	Withdrawal			742.92
7/10/96	Withdrawal			676.65
8/14/96	Withdrawal			315.44
9/10/96	Withdrawal			632.55
10/22/96	Withdrawal			452.19
11/27/96	Withdrawal			497.68
12/27/96	Withdrawal			396.01
3/6/97	Withdrawal			735.04
4/4/97	Withdrawal			508.92
5/13/97	Withdrawal			509.45
6/24/97	Withdrawal			793.96
8/22/97	Withdrawal			833.33
10/22/97	Withdrawal			2,308.10
11/23/97	Withdrawal			1,696.30

Total Deposits (Cash In): _____

Total Withdrawals (Cash Out): _____

12,410.56

(Please provide documentation to support the percentage of each transaction that was ultimately invested in, or withdrawn from, Madoff Securities. If you made a separate investment in another pooled investment vehicle account, please make a copy of the transaction tables and fill in the necessary information regarding that investment.)

*This is not a determination of the eligible amount of your claim.
It is merely a listing of the cash transactions relating to your indirect investment with Madoff Securities.*

INDIRECT INVESTOR TRANSACTION TABLE

Date of Transaction	Transaction Type (Deposit/Withdrawal/ Purchase/Sale)	Transaction Description or Note (if applicable)	Madoff Securities Allocation %	Amount (USD or Local Currency)
3/31/98	Withdrawal			2,282.32
6/30/98	Withdrawal			2,297.90
9/30/98	Withdrawal			1,226.33
12/31/98	Withdrawal			2,283.58
3/31/99	Withdrawal			2,006.17
6/30/99	Withdrawal			3,238.67
9/30/99	Withdrawal			1,451.14
12/31/99	Withdrawal			1,751.93
3/31/00	Withdrawal			2,406.44
6/30/00	Withdrawal			1,509.76
9/30/00	Withdrawal			1,000.50
12/31/00	Withdrawal			921.97
3/31/01	Withdrawal			2,141.07
6/30/01	Withdrawal			1,462.69
9/30/01	Withdrawal			1,024.66
12/31/01	Withdrawal			1,469.00

Total Deposits (Cash In): _____

Total Withdrawals (Cash Out): _____

28,474.13

(Please provide documentation to support the percentage of each transaction that was ultimately invested in, or withdrawn from, Madoff Securities. If you made a separate investment in another pooled investment vehicle account, please make a copy of the transaction tables and fill in the necessary information regarding that investment.)

This is not a determination of the eligible amount of your claim.

It is merely a listing of the cash transactions relating to your indirect investment with Madoff Securities.

INDIRECT INVESTOR TRANSACTION TABLE

Date of Transaction	Transaction Type (Deposit/Withdrawal/ Purchase/Sale)	Transaction Description or Note (if applicable)	Madoff Securities Allocation %	Amount (USD or Local Currency)
3/31/02	Withdrawal			650.95
6/30/02	Withdrawal			2,308.48
9/30/02	Withdrawal			2,956.60
12/31/02	Withdrawal			1,164.26
3/31/03	Withdrawal			1,469.02
6/30/03	Withdrawal			1,895.81
9/30/03	Withdrawal			2,335.43
12/31/03	Withdrawal			983.92
3/31/04	Withdrawal			1,426.10
6/30/04	Withdrawal			2,164.86
9/30/04	Withdrawal			1,858.98
12/31/04	Withdrawal			1,387.83
3/31/05	Withdrawal			1,518.27
6/30/05	Withdrawal			1,617.53
9/30/05	Withdrawal			1,465.74
12/31/05	Withdrawal			2,271.04

Total Deposits (Cash In): _____

Total Withdrawals (Cash Out): 27,474.82

(Please provide documentation to support the percentage of each transaction that was ultimately invested in, or withdrawn from, Madoff Securities. If you made a separate investment in another pooled investment vehicle account, please make a copy of the transaction tables and fill in the necessary information regarding that investment.)

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It is merely a listing of the cash transactions relating to your indirect investment with Madoff Securities.*

INDIRECT INVESTOR TRANSACTION TABLE

Date of Transaction	Transaction Type (Deposit/Withdrawal/ Purchase/Sale)	Transaction Description or Note (if applicable)	Madoff Securities Allocation %	Amount (USD or Local Currency)
3/31/06	Withdrawal			1,723.08
6/30/06	Withdrawal			1,912.17
9/30/06	Withdrawal			3,305.59
12/31/06	Withdrawal			2,009.63
3/31/07	Withdrawal			1,870.64
6/30/07	Withdrawal			2,311.19
9/30/07	Withdrawal			2,427.55
12/31/07	Withdrawal			1,908.36
3/31/08	Withdrawal			670.85
6/30/08	Withdrawal			4,229.57
9/30/08	Withdrawal			1,251.04

Total Deposits (Cash In):

—

Total Withdrawals (Cash Out):

23,619.67

(Please provide documentation to support the percentage of each transaction that was ultimately invested in, or withdrawn from, Madoff Securities. If you made a separate investment in another pooled investment vehicle account, please make a copy of the transaction tables and fill in the necessary information regarding that investment.)

This is not a determination of the eligible amount of your claim.

It is merely a listing of the cash transactions relating to your indirect investment with Madoff Securities.

Other Intermediary Pooled Investment Vehicles

If your investment detailed in the table above flowed through more than one intermediary pooled investment vehicle before it was invested in a Madoff Securities account, you must identify each intermediary pooled investment vehicle through which your money flowed and the percentage each pooled investment vehicle allocated for transfer to Madoff Securities, supported by documentation. This will enable us to determine the amount of the investment in the pooled investment vehicle detailed in the table above that ultimately flowed to a Madoff Securities account(s).

Pooled Investment Vehicle	Allocation Percentage

Did you invest money in more than one Madoff Securities account, either directly or indirectly?

- ☒ No
- ☐ Yes - All transactions for all accounts are listed on this claim form (preferred method).
- ☐ Yes - I am filing a separate claim form for every Madoff account I invested money in.

Please list on an attached sheet all Madoff accounts in which you had an investment if more than one.

IV Recoveries

Please report any recoveries you have received for any or all of the losses incurred as a result of your investment in Madoff Securities (e.g., distributions from the pooled vehicle in which you invested, litigation recoveries, insurance recoveries, or recoveries from any other source). Please include documentation to support any recovery you have received.

Amount	Date	Source
None		

List any other recoveries you expect to receive in the future through litigation, arbitration, insurance or otherwise.

Amount	Date	Source
None		

V Disclosure of Fees, Commissions or Other Financial Compensation

Did you receive any fees, commissions or any financial compensation of any nature from any source for causing any investments in Madoff Securities?

No ☒
Yes ☐ If yes, you are required to complete Form A, which is available on our website

VI Certification and Release

A. CERTIFICATION. The undersigned represents and certifies under penalty of perjury that:

- 1.** All personal and transactional information and all disclosures regarding any recovery for the loss resulting from the Madoff fraud, are complete and accurate to the best of the undersigned's knowledge. Information regarding all accounts, whether showing a net investment or net withdrawals, has been provided.
- 2.** All accompanying documents in support of this Petition and documents submitted to the Madoff Securities bankruptcy trustee in support of the bankruptcy claim are true, correct and complete to the best of the undersigned's knowledge.
- 3.** He/she/it is not and/or has not been any of the following.
 - a.** A person who knowingly participated in, benefitted from or acted in a willfully blind manner relating to the fraud, and has not earned fees, commissions or other payments from handling or directing investments in Madoff Securities, except as disclosed in Form A (available on our website).
 - b.** A person who was an officer, director or employee of Madoff Securities at any time during the Madoff fraud through and including December 11, 2008.
 - c.** A member of the Madoff family.
 - d.** A person who forfeited cash or property to the DOJ in connection with the Madoff fraud.
 - e.** A defendant in any state or federal criminal action relating to the Madoff fraud.
 - f.** A person who is otherwise prohibited from receiving payments in the United States, including all prohibited persons under regulations of the Office of Foreign Assets Control (see www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx).
 - g.** An affiliate, assign, heir, distributee, parent, spouse, child, or other relative of any of the foregoing, or an entity controlled by, or under common control of, any of such persons.

B. He/she/it consents to the use by the U.S. Department of Justice, the MVF and its staff, and any of the Department's agents of any of the information provided herein for any purpose relating to this claims and remission process, including verifying the Petition or the identity of the Petitioner. This information includes, but is not limited to, the Social Security Number (or taxpayer identification number or similar foreign identifying information), address, telephone number and brokerage account information of the persons involved in any claim.

C. **RELEASE.** Each Petitioner hereby recognizes that the distribution of funds that make up the Madoff Victim Fund is not required by law, but that any distribution made shall be in the sole discretion of the Attorney General. Petitioner, whether ultimately determined eligible or ineligible to receive a remission payment from the Madoff Victim Fund, hereby releases and fully discharges, and consents and agrees that it shall make no claim of any kind or nature whatsoever against any person in connection with the administration and distribution of the Madoff Victim Fund, including the U.S. Department of Justice, U.S. Attorney's Office, Special Master and their respective employees and agents.

Each of the undersigned declares under penalty of perjury under the laws of the United States of America (and the applicable laws of any other jurisdiction) on information and belief that the information contained herein, the statements made and the answers given in this Petition are true and correct and that any documents submitted herewith are true and genuine.

Executed on this the 8th day of January, 2014 in
(Month) (Year)

Redacted

(City, State, Country)

Individuals

Elaine Langweiler
Signature of Petitioner

ELAINE LANGWEILER
Type or print name of Petitioner

Signature of Joint Petitioner (if any)

Type/print name of Joint Petitioner (if any)

Capacity of persons signing above
(i.e., Underlying Investor, Executor, POA, etc.)

Corporations, Partnerships, Other Entities

Authorized Signature

Type/print name

Title

Name of Entity

Capacity of persons signing above
(i.e., President, Managing Partner, Trustee, etc.)

PETITION FORM CHECKLIST

Before mailing your Petition Form please read these reminders.

- 1) The signed Petition Form must be received by the Special Master on or before February 28, 2014, or such other date as the Department may later establish, in order to be eligible for consideration.
- 2) Please review, complete and return all pages of the Petition Form.
- 3) Remember to **sign the Certification and Release**. The Certification and Release must be signed by the primary claimant and all joint claimants. If you received any fees, commissions or other payments for handling or directing investments in Madoff Securities, you must disclose any such compensation on Form A, which is available on our website. You must file Form A with this Petition Form.
- 4) Remember to supply your Social Security Number or Tax Identification Number (or the foreign equivalents of such identifying information) and any joint Social Security Number if applicable.
- 5) Remember to attach all supporting documentation if applicable. Do not send originals of any supporting documentation; send copies. *You do not need to resend the supporting documentation previously provided to the Madoff Securities bankruptcy trustee.*
- 6) Do not use a highlighter on the Petition Form or supporting documentation.
- 7) Keep copies of the Petition Form and supporting documentation for your records.
- 8) We will send a postcard confirming receipt of the Petition Form within 30 days after receiving it. If you do not receive a confirmation postcard within 35 days of mailing the Petition Form, please call us at (866) 624-3670. Please note that the Petition Form is not deemed filed until you receive a confirmation postcard. This postcard only confirms receipt. Therefore, it does not mean that your Petition Form is complete or that you are eligible for a recovery. Once the petition has been reviewed you may receive correspondence concerning any additional information or documentation needed to make the petition complete.
- 9) You are responsible for notifying us of any changes in the information you file, including changes of address or contact information changes, or new collateral recoveries received. Please call us at (866) 624-3670, email us at info@madoffvictimfund.com, or mail us your new contact information. Please include the MVF petition number on any correspondence. Our mailing address is:

Madoff Victim Fund
P.O. Box 6310
Syracuse, NY 13217-6310

ELAINE LANGWEILER SUSAN B. LANGWEILER		1055
Pay To The Order Of <u>DAVID SHAPIRO</u>		<u>\$101.89</u>
<u>ONE HUNDRED ONE 1/100</u>		
NEW YORK COMMUNITY BANK		
MEMBER FDIC		
200 NEW YORK PLAZA, NEW YORK, NY 10038		
Pay <u>NO DEPOSIT</u> FEE		
⑆226071004⑆	Redacted ⑆260⑆	1055 ⑆0000010189⑆
4470792693		

Date 12/6, Check #1055, Amount \$101.89

Pg 26 of 63

ELAINE LANGWEILER
SUSAN B. LANGWEILER

Date 1/24/02

Pay to the Order of DAVID SHAPIRO \$ 9,970.00
NINE THOUSAND NINE HUNDRED SEVENTY Dollars

NEW YORK COMMUNITY BANK
2000 New Hyde Park Road
New Hyde Park, NY 11040

For Elaine Langweiler

⑆226071004⑆ Redacted ⑆506⑆ 0314 ⑆000⑆997000⑆

314

\$9970.00

FSI 008302422001

⑆0110001384⑆
⑆00⑆997000⑆

314

\$9970

ELAINE LANGWEILER
SUSAN B. LANGWEILER

Date Nov. 5, 02

Pay to the Order of DAVID SHAPIRO \$ 15,000.00
FIFTEEN THOUSAND Dollars

NEW YORK COMMUNITY BANK
2000 New Hyde Park Road
New Hyde Park, NY 11040

For Elaine Langweiler

⑆226071004⑆ Redacted ⑆506⑆ 0314 ⑆000⑆150000⑆

387

\$15000.00

FSI 008306965 11122692-2

⑆0110001384⑆
⑆00⑆150000⑆

387

\$15000

ELAINE LANGWEILER
SUSAN B. LANGWEILER

Date Dec 2, 2006

Pay to the Order of DAVID SHAPIRO \$ 10,000.00
TEN THOUSAND Dollars

NEW YORK COMMUNITY BANK
2000 New Hyde Park Road
New Hyde Park, NY 11040

For Elaine Langweiler

⑆226071004⑆ Redacted ⑆506⑆ 0817 ⑆000⑆000000⑆

FSI 007305966 2052006

⑆0110001384⑆
⑆00⑆100000⑆

ELAINE LANGWEILER
SUSAN B. LANGWEILER

Date 8/25/02

Pay to the Order of DAVID SHAPIRO \$ 5,000.00
FIVE THOUSAND Dollars

NEW YORK COMMUNITY BANK
2000 New Hyde Park Road
New Hyde Park, NY 11040

For Elaine Langweiler

⑆226071004⑆ Redacted ⑆506⑆ 0957 ⑆000⑆050000⑆

957

\$5000.00

FSI 008200995 06292006-1

⑆0110001384⑆
⑆00⑆050000⑆

957

\$5000.00


MCMDP_00010387

98

April 24 1993 1-32/280

PAY TO THE ORDER OF David Shapiro \$10,000 ⁰⁰/₁₀₀

Ten Thousand ⁰⁰/₁₀₀ DOLLARS

 **National Westminster Bank USA** Terrace Gardens Office
440 Great Neck Road
Great Neck, N.Y. 11021

MONEY MARKET SAVINGS

Elaine Langweiler


MEMO _____

⑆028000325⑆ Redacted 9908 0098 0000000000

APR 24 1993 087

Pay to the order of David Shapiro \$10,000 ⁰⁰/₁₀₀

Ten Thousand ⁰⁰/₁₀₀ Dollars

 **Queens County Savings Bank**
251-31 NORTHERN BLVD.
LITTLE NECK, NEW YORK 11363

Memo _____


Elaine Langweiler

⑆226071004⑆ Redacted 2836 0087 0000000000

0102834 Jan 9 1994

Pay to the order of DAVID SHAPIRO \$20,000 ⁰⁰/₁₀₀

TWENTY THOUSAND ⁰⁰/₁₀₀ Dollars

 **Queens County Savings Bank**
251-31 NORTHERN BLVD.
LITTLE NECK, NEW YORK 11363

Memo MADISON FUND

Elaine Langweiler

⑆226071004⑆ Redacted 2836 0090 000020000000

MCMDP_00010388

David Shapiro

Redacted

Telephone:

Fax:

E-Mail:

Redacted

January 16, 2011

Elaine Langweiler

Redacted

Dear Elaine,

Following was e-mailed to most partners.

Madoff Update

Along with the great winter weather, we have now learned Mr Picard's clawback intentions. He wants to recover all that Madoff paid us from Jan 1 2003 to date, less subsequent reinvestments. I have retained Helen Chaitman of Becker & Poliakoff LLP to represent us.

To date Helen has charged me \$600 per account for general legal work, \$600 for objections to Picard's "determinations", \$1,000 per account for SEC administration claims, and a \$15,000 retainer to defend clawback claims against the four Nominee accounts, a total of \$23,800.

I have allocated those costs to each partner, in proportion to end investment, and am sending each of you a separate e-mail with that allocation. Some have made previous payments toward these expenses, and those are credited. I shall be grateful for your contributions, although I believe that as limited partners you are not obligated to make them.

Regards,



David

Elaine

Your share of Nominee legal expenses comes to \$470.26. My records indicate that you have paid \$101.89, leaving a balance of \$368.37.

MCMDP_00010389

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation
DECEMBER 11, 2008¹

NOTICE OF TRUSTEE'S DETERMINATION OF CLAIM

October 22, 2010

ELAINE LANGWEILER

Redacted

Dear ELAINE LANGWEILER:

PLEASE READ THIS NOTICE CAREFULLY.

The liquidation of the business of BERNARD L. MADOFF INVESTMENT SECURITIES LLC ("BLMIS") is being conducted by Irving H. Picard, Trustee under the Securities Investor Protection Act, 15 U.S.C. § 78aaa et seq. ("SIPA"), pursuant to an order entered on December 15, 2008 by the United States District Court for the Southern District of New York.

The Trustee has made the following determination regarding your claim designated as Claim No. 010899:

Based on a review of available books and records of BLMIS by the Trustee's staff, you did not have an account with BLMIS. Because you did not have an account, you are not a customer of BLMIS under SIPA as that term is defined at 15 U.S.C. § 78fff (2). Accordingly, your Claim for securities and/or a credit balance is **DENIED**.

PLEASE TAKE NOTICE: If you disagree with this determination and desire a hearing before Bankruptcy Judge Burton R. Lifland, you **MUST** file your written opposition, setting forth the grounds for your disagreement, referencing Bankruptcy Case No. 08-1789 (BRL) and attaching copies of any documents in support of your position, with the United States Bankruptcy Court **and** the Trustee within **THIRTY DAYS** after October 22, 2010, the date on which the Trustee mailed this notice.

¹ Section 78fff(7)(B) of SIPA states that the filing date is "the date on which an application for a protective decree is filed under 78eee(a)(3)," except where the debtor is the subject of a proceeding pending before a United States court "in which a receiver, trustee, or liquidator for such debtor has been appointed and such proceeding was commenced before the date on which such application was filed, the term 'filing date' means the date on which such proceeding was commenced." Section 78fff(7)(B). Thus, even though the Application for a protective decree was filed on December 15, 2008, the Filing Date in this action is on December 11, 2008.

PLEASE TAKE FURTHER NOTICE: If you do not properly and timely file a written opposition, the Trustee's determination with respect to your claim will be deemed confirmed by the Court and binding on you.

PLEASE TAKE FURTHER NOTICE: If you properly and timely file a written opposition, a hearing date for this controversy will be obtained by the Trustee and you will be notified of that hearing date. Your failure to appear personally or through counsel at such hearing will result in the Trustee's determination with respect to your claim being confirmed by the Court and binding on you.

PLEASE TAKE FURTHER NOTICE: You must mail your opposition, if any, in accordance with the above procedure, to each of the following addresses:

Clerk of the United States Bankruptcy Court for
the Southern District of New York
One Bowling Green
New York, New York 10004

and

Irving H. Picard, Trustee
c/o Baker & Hostetler LLP
Attn: Claims Department
45 Rockefeller Plaza
New York, New York 10111



Irving H. Picard

Trustee for the Liquidation of the Business of
Bernard L. Madoff Investment Securities LLC

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

(Please print or type)

Name of Customer: ELAINE LANGWEILER

Mailing City: Redacted

Account No.: 1-50299

Taxpayer I.D. Number (Social Security No.): Redacted -1599

PARTNERSHIP TAX ID - Redacted 3182

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of **December 11, 2008**:

- a. The Broker owes me a Credit (Cr.) Balance of \$ 96,909
- b. I owe the Broker a Debit (Dr.) Balance of \$ —
- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."
If you wish to make a payment, **it must be enclosed**
with this claim form. \$ —
- d. If balance is zero, insert "None." —

2. Claim for securities as of **December 11, 2008**:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | _____ | _____✓ |
| b. I owe the Broker securities | _____ | _____✓ |
| c. If yes to either, please list below: | | |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain. | _____ | _____✓ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker? | _____ | _____✓ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____ | _____✓ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s) | _____ | _____✓ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming. | _____ | _____✓ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers. | _____ | _____✓ |
| 9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. | _____ | _____✓ |

Please list the full name and address of anyone assisting you in the preparation of this claim form: _____

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date JUNE 16, 2009 Signature Elaine Langweiler
Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

MCMDP_00010395

HARDSHIP APPLICATION

BERNARD L. MADOFF INVESTMENT SECURITIES LLC. In Liquidation

In order to be considered for the Hardship Program, a copy of which is available at www.madofftrustee.com, you must submit this Hardship Application.

Name of Customer(s): ELAINE LANGWEILER
Mail: Redacted
City: Redacted
Account Number: 1-50299 TAX ID: Redacted 3182
Taxpayer I.D. No. (Social Security No.): Redacted -1599
Email Address: Redacted Phone Number: Redacted
Have you filed a claim? Yes: ☒ No: ☐
Do you have an attorney? NO
If yes, provide name and phone number:

Please answer the following questions to aid the Trustee in assessing your application in the space provided below (attach additional pages where necessary to give a complete answer).

I PAY ALL TAXES & MAINTENANCE OWNED BY MY DAUGHTER

Do you own your home ☐ or rent ☐ other ☒ LIFE ESTATE
If you own your home, is there a mortgage? Yes: ☐ No: ☒
Net equity: \$ _____
If yes, is there a foreclosure pending? Yes: ☐ No: ☒
Do you or your spouse have income from a business or job? Yes: ☐ No: ☒
If yes, please specify: \$ _____ per month
Do you have other sources of income? Social Security: ☒ Pension: ☐ Checking Account ☐
Other investments: ☐ (specify bonds, stocks, mutual funds, etc.) IRA - C.D. about \$50,000
Do you own any real estate other than your residence? Yes: ☐ No: ☒
If yes, please specify: _____
Is there a mortgage on the property? Yes: ☐ No: ☒
Net equity: \$ _____
Do you have insurance to pay medical expenses? Yes: ☒ No: ☐
Are you paying medical expenses for a serious illness for you or a dependent? Yes: ☐ No: ☒
If yes, please specify: _____
Are you paying other costs, such as a nursing home or assisted care living costs? Yes: ☐ No: ☒
If yes, please specify: _____
Do you have insurance to cover these costs? Yes: ☐ No: ☒

PREMIUMS
Medical & AARP
B, D (DRUGS)
\$4,353
(per year)

Do you have life insurance with a cash value?

Yes: ☐ No: ☒

If yes, please specify amount: _____

Are you paying education costs for yourself or dependent?

Yes: ☐ No: ☒

If yes, please specify amount: _____

Please provide a detailed description of the hardship you are experiencing and include any information not listed above that would aid the Trustee in considering your Hardship Application.

I am 85 years of age. I am having difficulty paying the real estate taxes and maintenance on the house which is sixty years old. Sometimes my medical and drug expenses are higher than my insurance coverage. My TWIN GRANDCHILDREN are starting college in the fall and they were depending on me to help them financially. My only income is Social Security.

THE FOREGOING IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Elaine Langweiler 6/16/09
Signature Date

Signature Date

If ownership of the subject account is shared, all must sign above.

This Hardship Application must be completed and mailed promptly,
together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

David Shapiro

Redacted

Telephone:

Fax:

E-Mail:

Redacted

Elaine Langweiler

June 4, 2009

Redacted

Dear Elaine:

I have been given to understand that Irving Picard, receiver for Bernard L Madoff Investment Securities, has suggested that, although he has said no payments would be made to indirect investors, a court may overrule him. He therefore suggests that indirect investors submit claims to SIPC. If you choose to do that, the required form is available at:

http://www.madoff.com/claimspackages/customer/Madoff_Customer_Web_Claim_Form.pdf

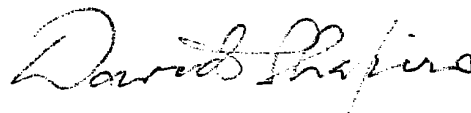
Instructions are available at:

http://www.madoff.com/claimspackages/customer/Madoff_Customer_Claim_Instructions.pdf

You are a limited partner in "David Shapiro Nominee 3", of which I am the general partner. You have a K1 form which shows your loss. The partnership tax ID is **Redacted** 3182, and the partnership owned Madoff account number 1-S0299.

Good luck.

Regards,



DS/pc

David Shapiro

MCMDP_00010398

DAVID SHAPIRO NOMINEE 3

Redacted

April 7, 2009

Elaine Langweiler

Redacted

RE:

David Shapiro Nominee 3

11-3093182

Schedule K-1 from Partnership's 2008 Return of Income

Dear Elaine Langweiler:

Enclosed is your 2008 Schedule K-1 (Form 1065) Partner's Share of Income, Deductions, Credits, Etc. from David Shapiro Nominee 3. This information reflects the amounts you need to complete your income tax return. The amounts shown are your distributive share of partnership tax items to be reported on your tax return, and may not correspond to actual distributions you have received during the year. This information is included in the Partnership's 2008 Federal Return of Partnership Income that was filed with the Internal Revenue Service.

This is the final year that David Shapiro Nominee 3 will file a Return of Partnership Income. As a result, this will be the last Schedule K-1 (Form 1065) you will receive from the partnership.

If you have any questions concerning this information, please contact us immediately.

Sincerely,

David Shapiro Nominee 3

Enclosure(s)

MCMDP_00010399

2008 Partner's Capital Account Reconciliation

Partnership Name

DAVID SHAPIRO NOMINEE 3

Employer I.D. number

Redacted 3182

Name of Partner

ELAINE LANGWEILER

Partner's I.D. number

Redacted 1599

I. SCHEDULE K-1, ITEM N:

BEGINNING CAPITAL ACCOUNT 91,909.

CAPITAL CONTRIBUTED DURING THE YEAR 5,000.

PARTNER'S SHARE OF LINES 3, 4 AND 7, FORM 1065, SCH. M-2:

NET INCOME (LOSS) PER BOOKS (line 3) -88,849.

OTHER INCREASES (line 4).....

OTHER DECREASES (line 7).....

TOTAL OF LINES 3, 4, AND 7 -88,849.

WITHDRAWALS AND DISTRIBUTIONS 8,060.

ENDING CAPITAL ACCOUNT.....

BOOK TO TAX RECONCILIATION:

1. Net income (loss) per books	-88,849.
2. Income on Sch. K-1 not on books	
3. Guaranteed payments	
4a. Depr. on books not on Sch. K-1	
4b. Travel and entertainment	
4c. Other expenses on books not on Sch. K-1	4,674.
5. Total of lines 1 through 4	-84,175.

6a. Tax-exempt interest	
6b. Income on books not on Sch. K-1	
7a. Depreciation on Sch. K-1 not on books	
7b. Deductions on Sch. K-1 not on books	
8. Total of lines 6 and 7	
9. Tax Income (loss). Line 5 less line 8	-84,175.

II. ANALYSIS OF PARTNER'S TAX INCOME (LOSS) FROM SCHEDULE K-1:**A. INCOME****B. DEDUCTIONS**

1. Ordinary business income or (loss) ..	-84,175.
2. Net rental real estate income (loss)	
3. Other net rental income (loss)	
4. Guaranteed payments	
5. Interest income	
6a. Dividends	
7. Royalties	
8. Net short-term capital gain (loss)	
9a. Net long-term capital gain (loss)	
10. Net gain (loss) under section 1231	
11. Other income	
Total income	-84,175.

12. Section 179 deduction	
13. Charitable contributions	
13. Investment interest expense	
13. Section 59(e)(2) expenditures	
13. Other deductions	
16. Total foreign taxes	
Total deductions	

TAX INCOME (LOSS). Item A less Item B. -84,175.

PARTNER 2

PTPL0901L 05/01/08

MCMDP_00010400

Schedule K-1
(Form 1065)**2008**Department of the Treasury
Internal Revenue ServiceFor calendar year 2008, or tax
year beginning _____, 2008
ending _____☒ Final K-1☐ Amended K-1**Partner's Share of Income, Deductions, Credits, etc.**
▶ See separate instructions.**Part III** **Partner's Share of Current Year Income, Deductions, Credits, and Other Items****Part I** **Information About the Partnership****A** Partnership's employer identification number

Redacted 3182

B Partnership's name, address, city, state, and ZIP code

DAVID SHAPIRO NOMINEE 3

Redacted

C IRS Center where partnership filed return
CINCINNATI, OH**D** ☐ Check if this is a publicly traded partnership (PTP)**Part II** **Information About the Partner****E** Partner's identifying number

Redacted 1599

F Partner's name, address, city, state, and ZIP code

ELAINE LANGWEILER

Redacted

G ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member**H** ☒ Domestic partner ☐ Foreign partner**I** What type of entity is this partner? INDIVIDUAL**J** Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	15.282794 %	15.282794 %
Loss	15.282794 %	15.282794 %
Capital	%	%

K Partner's share of liabilities at year end:

Nonrecourse \$

Qualified nonrecourse financing \$

Recourse \$

L Partner's capital account analysis:

Beginning capital account	\$ 91,909.
Capital contributed during the year	\$ 5,000.
Current year increase (decrease)	\$ -88,849.
Withdrawals and distributions	\$ (8,060.)
Ending capital account	\$ 0.

☒ Tax basis ☐ GAAP ☐ Section 704(b) book
☐ Other (explain)
FOR
IRS
USE
ONLY**1** Ordinary business income (loss) **15** Credits
-84,175.**2** Net rental real estate income (loss)**3** Other net rental income (loss) **16** Foreign transactions**4** Guaranteed payments**5** Interest income**6a** Ordinary dividends**6b** Qualified dividends**7** Royalties**8** Net short-term capital gain (loss)**9a** Net long-term capital gain (loss) **17** Alternative minimum tax (AMT) items**9b** Collectibles (28%) gain (loss)**9c** Unrecaptured section 1250 gain**10** Net section 1231 gain (loss) **18** Tax-exempt income and nondeductible expenses**11** Other income (loss)**12** Section 179 deduction **19** Distributions

A 8,060.

13 Other deductions**20** Other information**14** Self-employment earnings (loss)

*See attached statement for additional information.

BAA For Paperwork Reduction Act Notice, see Instructions for Form 1065.

PARTNER 2

Schedule K-1 (Form 1065) 2008

PTPA0312L 12/15/08

MCMDP_00010401

This list identifies the codes used on Schedule K-1 for all partners and provides summarized reporting information for partners who file Form 1040. For detailed reporting and filing information, see the separate Partner's Instructions for Schedule K-1 and the instructions for your income tax return.

- 1 Ordinary business income (loss).** Determine whether the income (loss) is passive or nonpassive and enter on your return as follows.

Passive loss
Passive income
Nonpassive loss
Nonpassive income

Report on

See the Partner's Instructions
Schedule E, line 28, column (g)
Schedule E, line 28, column (h)
Schedule E, line 28, column (i)
See the Partner's Instructions

- 2 Net rental real estate income (loss)**
3 Other net rental income (loss)

Net income
Net loss

Schedule E, line 28, column (g)
See the Partner's Instructions

- 4 Guaranteed payments**
5 Interest income

Schedule E, line 28, column (j)
Form 1040, line 8a

- 6a Ordinary dividends**

Form 1040, line 9a

- 6b Qualified dividends**

Form 1040, line 9b

- 7 Royalties**

Schedule E, line 4

- 8 Net short-term capital gain (loss)**

Schedule D, line 5, column (f)

- 9a Net long-term capital gain (loss)**

Schedule D, line 12, column (f)

- 9b Collectibles (28%) gain (loss)**

28% Rate Gain Worksheet, line 4 (Schedule D Instructions)

- 9c Unrecaptured section 1250 gain**

See the Partner's Instructions

- 10 Net section 1231 gain (loss)**

See the Partner's Instructions

- 11 Other income (loss)**

Code

- A** Other portfolio income (loss)
B Involuntary conversions
C Section 1256 contracts and straddles
D Mining exploration costs recapture
E Cancellation of debt
F Other income (loss)

See the Partner's Instructions
See the Partner's Instructions
Form 6781, line 1
See Pub 535
Form 1040, line 21 or Form 982
See the Partner's Instructions
See the Partner's Instructions

- 12 Section 179 deduction**

- 13 Other deductions**

- A** Cash contributions (50%)
B Cash contributions (30%)
C Noncash contributions (50%)
D Noncash contributions (30%)
E Capital gain property to a 50% organization (30%)
F Capital gain property (20%)
G Contributions (100%)
H Investment interest expense
I Deductions — royalty income
J Section 59(e)(2) expenditures
K Deductions — portfolio (2% floor)
L Deductions — portfolio (other)
M Amounts paid for medical insurance
N Educational assistance benefits
O Dependent care benefits
P Preproductive period expenses
Q Commercial revitalization deduction from rental real estate activities
R Pensions and IRAs
S Reforestation expense deduction
T Domestic production activities information
U Qualified production activities income
V Employer's W-2 wages
W Other deductions

See the Partner's Instructions

Form 4952, line 1
Schedule E, line 18
See the Partner's Instructions
Schedule A, line 23
Schedule A, line 28
Schedule A, line 1 or Form 1040, line 29
See the Partner's Instructions
Form 2441, line 14
See the Partner's Instructions
See Form 8582 Instructions
See the Partner's Instructions
See the Partner's Instructions
See Form 8903 Instructions
Form 8903, line 7
Form 8903, line 15
See the Partner's Instructions

- 14 Self-employment earnings (loss)**

Note. If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE.

- A** Net earnings (loss) from self-employment
B Gross farming or fishing income
C Gross non-farm income

Schedule SE, Section A or B
See the Partner's Instructions
See the Partner's Instructions

- 15 Credits**

- A** Low-income housing credit (section 42(j)(5)) from pre-2008 buildings
B Low-income housing credit (other) from pre-2008 buildings
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings
D Low-income housing credit (other) from post-2007 buildings
E Qualified rehabilitation expenditures (rental real estate)
F Other rental real estate credits
G Other rental credits
H Undistributed capital gains credit
I Alcohol and cellulosic biofuel fuels credit

See the Partner's Instructions
See the Partner's Instructions
Form 8586, line 11
Form 8586, line 11
See the Partner's Instructions
Form 1040, line 68; check box a
Form 6478, line 9

Code

- J** Work opportunity credit
K Disabled access credit
L Empowerment zone and renewal community employment credit
M Credit for increasing research activities
N Credit for employer social security and Medicare taxes
O Backup withholding
P Other credits

Report on

Form 5884, line 3
See the Partner's Instructions
Form 8844, line 3
See the Partner's Instructions
Form 8846, line 5
Form 1040, line 62
See the Partner's Instructions

- 16 Foreign transactions**

- A** Name of country or U.S. possession
B Gross income from all sources
C Gross income sourced at partner level

Form 1116, Part I

Foreign gross income sourced at partnership level

- D** Passive category
E General category
F Other

Form 1116, Part I

Deductions allocated and apportioned at partner level

- G** Interest expense
H Other

Form 1116, Part I
Form 1116, Part I

Deductions allocated and apportioned at partnership level to foreign source income

- I** Passive category
J General category

Form 1116, Part I

- K** Other

Other information

- L** Total foreign taxes paid
M Total foreign taxes accrued
N Reduction in taxes available for credit
O Foreign trading gross receipts
P Extraterritorial income exclusion
Q Other foreign transactions

Form 1116, Part II
Form 1116, Part II
Form 1116, line 12
Form 8873
Form 8873
See the Partner's Instructions

- 17 Alternative minimum tax (AMT) items**

- A** Post-1986 depreciation adjustment
B Adjusted gain or loss
C Depletion (other than oil & gas)
D Oil, gas, & geothermal — gross income
E Oil, gas, & geothermal — deductions
F Other AMT items

See the Partner's Instructions and the instructions for Form 6251

- 18 Tax-exempt income and nondeductible expenses**

- A** Tax-exempt interest income
B Other tax-exempt income
C Nondeductible expenses

Form 1040, line 8b
See the Partner's Instructions
See the Partner's Instructions

- 19 Distributions**

- A** Cash and marketable securities
B Other property
C Distribution subject to section 737

See Partner's Instructions

- 20 Other information**

- A** Investment income
B Investment expenses
C Fuel tax credit information
D Qualified rehabilitation expenditures (other than rental real estate)
E Basis of energy property
F Recapture of low-income housing credit (section 42(j)(5))
G Recapture of low-income housing credit (other)
H Recapture of investment credit
I Recapture of other credits
J Look-back interest — completed long-term contracts
K Look-back interest — income forecast method
L Dispositions of property with section 179 deductions
M Recapture of section 179 deduction
N Interest expense for corporate partners
O Section 453(l)(3) information
P Section 453A(c) information
Q Section 1260(b) information
R Interest allocable to production expenditures
S CCF nonqualified withdrawals
T Depletion information — oil and gas
U Amortization of reforestation costs
V Unrelated business taxable income
W Precontribution gain (loss)
X Other information

Form 4952, line 4a
Form 4952, line 5
Form 4136
See the Partner's Instructions
See the Partner's Instructions
Form 8611, line 8
Form 8611, line 8
Form 4255
See the Partner's Instructions
See Form 8697
See Form 8866
See the Partner's Instructions

DAVID SHAPIRO NOMINEE 3 [Redacted] 3182

SCHEDULE K-1 (FORM 1065) 2008

SUPPLEMENTAL INFORMATION

PAGE 3

SUPPLEMENTAL INFORMATION

LOSSES REFLECTED ON LINE 1 REPRESENT 95% OF THE MADOFF BASIS. THE PARTNERSHIP HAS ELECTED TO DEDUCT THE LOSS IN ACCORDANCE WITH REV. PROC 2009-20. PLEASE CHECK WITH YOUR TAX ADVISOR AS TO THE BEST TREATMENT ON YOUR RETURN.

PARTNER 2: ELAINE LANGWEILER

[Redacted] 1599

SPSL1201L 07/31/03

MCMDP_00010403

2008

New York State Department of Taxation and Finance

New York Partner's Schedule K-1
Tax Law — Article 22 (Personal Income Tax)**IT-204-IP**☒ Final K-1
Amended K-1

For calendar year 2008 or fiscal year beginning

and ending

Partners: Before completing your income tax return, see Form IT-204-IP-I, Partner's Instructions for Form IT-204-IP (available at www.nystax.gov)

Partnership's information (see instructions)

Partnership's name (as shown on Form IT-204)

DAVID SHAPIRO NOMINEE 3

Partnership's EIN

Redacted 3182

A Mark an *X* in the box if either applies to your entity

Publicly traded partnership

☒ Portfolio investment partnership

B Tax shelter registration number, if any B

C Business allocation percentage C 100.0000

Partner's information (see instructions)

Partner's name

ELAINE LANGWEILER

Partner's identifying number

Redacted 1599

Partner's address

Redacted

City

Redacted

State

Redacted

ZIP code

Redacted

- D The partner is a (mark an *X* in the appropriate box) General partner or LLC member-manager ☒ Limited partner or other LLC member
- E What is the tax filing status of the partner? (Mark an *X* in the appropriate box, if known) ☒ Individual Estate/trust Partnership
- F If the partner is a disregarded entity or grantor trust, enter the tax ID of the entity or individual reporting the income, if known F
- G Did the partner sell its entire interest during the tax year G Yes No ☒

H Partner's share of profit, loss, and capital		Beginning		Ending	
1) Profit	H1	15.2828	%	15.2828	%
2) Loss	H2	15.2828	%	15.2828	%
3) Capital	H3		%		%
I Partner's share of liabilities at the end of the year					
1) Nonrecourse	I1				
2) Qualified nonrecourse financing	I2				
3) Recourse	I3				
J Partner's capital account analysis					
1) Beginning capital account	J1			91,909.	
2) Capital contributed during the year - cash	J2			5,000.	
3) Capital contributed during the year - property	J3				
4) Current year increase (decrease)	J4			-88,849.	
5) Withdrawals and distributions - cash	J5			8,060.	
6) Withdrawals and distributions - property	J6				
7) Ending capital account	J7				
8) Method of accounting (mark an <i>X</i> in the appropriate box)					
<input checked="" type="checkbox"/> Tax basis	GAAP	Book	Other (attach explanation)		

K Resident status (mark and *X* in all boxes that apply)

- ☒ NYS full-year resident Yonkers full-year resident NYC full-year resident
- ☐ NYS part-year resident Yonkers part-year resident NYC part-year resident
- ☐ NYS nonresident Yonkers nonresident

NYPA2514L 10/24/08



Please file this original scannable form with the Tax Department.

MCMDP_00010404

January 22, 2007

Dear Elaine,

This will confirm that your equity in the David Shapiro Nominee 3 account with Bernard L. Madoff is \$90,000.00. Below is information that will appear on your 2006 K1 form.

Date	Amount
4/17/2006	1,723.08
7/21/2006	1,912.17
10/19/2006	3,305.59
1/17/2007	2,009.63
	<hr/>
	8,950.47
Treasury-Bill Interest	977.20
Ordinary Dividends	1,345.94
Short Term Capital Gains	6,627.33

MCMDP_00010405

Nominee 3:

06/16/2003 Elaine Langweiler states that in the event of her demise, her account is to be transferred to her daughter Susan Langweiler Sunshine. If Susan does not outlive Elaine the account is to go to Susan's children Benjamin Sunshine and Brooke Sunshine. Their address is [REDACTED]

Itv Sonnenfeld states that in the event of his death, his account goes to his daughter Marion Sonnenfeld, [REDACTED] and to his son Ken Sonnenfeld, [REDACTED] in equal shares.



MCMDP_00010406

January 29, 2003

Dear Elaine,

This will confirm that your equity in the David Shapiro Nominee 3 account with Bernard L. Madoff is \$75,000.00. Below is information that will appear on your 2002 K1 form.

Date	Amount
04/22/2002	650.95
07/18/2002	2,308.48
10/16/2002	2,956.60
01/21/2003	1,164.26
	<hr/>
	7,080.29

Treasury-Bill Interest	515.99
Ordinary Dividends	391.98
Short Term Capital Gains	6,172.32

Total '02 to '08

January 19, 2001

Dear ~~DAVID~~

This will confirm that your equity in the David Shapiro Nominee account with Bernard L. Madoff is \$50,000.00. Below is information that will appear on your 2000 K1 form.

Date	Amount
4/18/00	2,406.44
7/18/00	1,509.76
10/24/00	1,000.50
1/19/01	921.97
	5,838.67
Treasury-Bill Interest	1,457.89
Ordinary Dividends	222.93
Short Term Capital Gains	4,157.85

MCMDP_00010409

DAVID SHAPIRO

P. PROFESSIONAL ENGINEER

Redacted

Redacted

May 28, 1997

Dear MADISONian:

I feel it essential that I inform you of a change Madoff plans in the kind of activity of our partnership. Until now, we buy a stock that will split shortly and simultaneously sell the split stock, then deliver it at a later date. The new deals will involve buying a put option, selling a call option, and buying a list of representative stocks. The entire position is then closed out about a month later. Madoff requires that I sign the enclosed agreement on behalf of our partnership to engage in this activity.

My IRA account has done this since July 1993. The table below shows what your partnership paid during those periods alongside what an account like my IRA would have paid.

Nominee 3	Old	New
1993	18.2%	14.8%
1994	13.2%	11.8%
1995	13.0%	13.5%
1996	14.6%	15.2%
1997	4.3%	7.2%

Best Regards



MCMDP_00010410

DAVID SHAPIRO

PRO. SIONAL ENGINEER

Redacted

Redacted

October 22, 1996

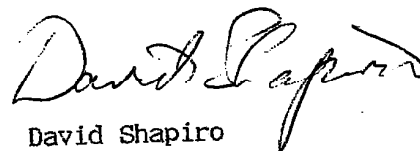
Elaine Langweiler

Redacted

Dear Elaine:

Per your request, I confirm receipt of your check for \$10,000, which brings your balance in the David Shapiro Nominee 3 partnership to \$50,000.00.

Regards,



David Shapiro

DS/pc

MCMDP_00010411

(From the desk of:
David Shapiro

February 11, 1996

Elaine Langweiler

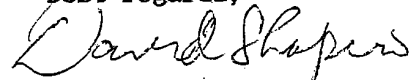
Redacted

Dear Elaine,

Your share in the David Shapiro Nominee 3 account
with Bernard L. Madoff 885 Third Avenue, New York,
N.Y. 10022 totals \$40,000.00.

Please retain this letter in your files.

Best regards,



DS/pc

David Shapiro

MCMDP_00010412

Partner's identifying number ▶ Redacted 1599	Partnership's identifying number ▶ Redacted 3182
Partner's name, address, and ZIP code ELAINE LANGWEILER Redacted	Partnership's name, address, and ZIP code DAVID SHAPIRO NOMINEE 3 Redacted

A This partner is a ☐ general partner ☒ limited partner
☐ limited liability company member

B What type of entity is this partner? ▶ INDIVIDUAL

C Is this partner a ☒ domestic or a ☐ foreign partner?

D Enter partner's percentage of: (i) Before change or termination (ii) End of year

Profit sharing	%	%
Loss sharing	%	%
Ownership of capital	%	%

E IRS Center where partnership filed return: HOLTSVILLE

F Partner's share of liabilities (see instructions):

Nonrecourse	\$	
Qualified nonrecourse financing	\$	
Other	\$	

G Tax shelter registration number . ▶

H Check here if this partnership is a publicly traded partnership as defined in section 469(k)(2) ☐

I Check applicable boxes: (1) ☐ Final K-1 (2) ☐ Amended K-1

J Analysis of partner's capital account:				
(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Partner's share of lines 3, 4, and 7, Form 1065, Schedule M-2	(d) Withdrawals and distributions	(e) Capital account at end of year (combine columns (a) through (d))
0		4,958	(4,958)	0
(a) Distributive share item		(b) Amount		(c) 1040 filers enter the amount in column (b) on:
Income (Loss)	1 Ordinary income (loss) from trade or business activities	1		See Partner's Instructions for Schedule K-1 (Form 1065).
	2 Net income (loss) from rental real estate activities	2		
	3 Net income (loss) from other rental activities	3		
	4 Portfolio income (loss):			Sch. B, Part I, line 1 Sch. B, Part II, line 5 Sch. E, Part I, line 4 Sch. D, line 5, col. (f) or (g) Sch. D, line 13, col. (f) or (g) Enter on applicable line of your return.
	a Interest	4a	168	
	b Dividends	4b	124	
	c Royalties	4c		
	d Net short-term capital gain (loss)	4d	4,666	
	e Net long-term capital gain (loss)	4e		
	f Other portfolio income (loss) (attach schedule)	4f		
	5 Guaranteed payments to partner	5		See Partner's Instructions for Schedule K-1 (Form 1065).
	6 Net gain (loss) under section 1231 (other than due to casualty or theft)	6		
	7 Other income (loss) (attach schedule)	7		Enter on applicable line of your return.
Deductions	8 Charitable contributions (see instructions) (attach schedule)	8		Sch. A, line 15 or 16
	9 Section 179 expense deduction	9		See Partner's Instructions for Schedule K-1 (Form 1065).
	10 Deductions related to portfolio income (attach schedule)	10		
	11 Other deductions (attach schedule)	11		
Investment Interest	12a Interest expense on investment debts	12a		Form 4952, line 1
	b (1) Investment income included on lines 4a, 4b, 4c, and 4f above	b(1)	292	See Partner's Instructions for Schedule K-1 (Form 1065).
	(2) Investment expenses included on line 10 above	b(2)		
Credits	13a Credit for income tax withheld	13a		See Partner's Instructions for Schedule K-1 (Form 1065).
	b Low-income housing credit:			Form 8586, line 5
	(1) From section 42(j)(5) partnerships for property placed in service before 1990	b(1)		
	(2) Other than on line 13b(1) for property placed in service before 1990	b(2)		
	(3) From section 42(j)(5) partnerships for property placed in service after 1989	b(3)		
	(4) Other than on line 13b(3) for property placed in service after 1989	b(4)		
	c Qualified rehabilitation expenditures related to rental real estate activities (see instructions)	13c		See Partner's Instructions for Schedule K-1 (Form 1065).
	d Credits (other than credits shown on lines 13b and 13c) related to rental real estate activities (see instructions)	13d		
	e Credits related to other rental activities (see instructions)	13e		
	14 Other credits (see instructions)	14		

COPY

Elaine Langweiler - Share of "David Shapiro, Nominee 3" Account with
Bernard L. Madoff, Broker, for Calendar Year 1994.

SECURITY	SHARES	PURCHASE DATE	PURCHASE PRICE	MADOFF PMT RCVD	SALE PROCEEDS	SHORT TERM PROFIT	INTEREST	DIVIDEND	PAY
EMC Corp Mass	1176	10-Dec-93	19,999.27	25-Jan-94	20,314.44	315.17			3
Comcast Corp	1975	27-Jan-94	39,999.65	01-Mar-94	40,585.03	585.38			5
Cummins Engine Co	778	14-Feb-94	39,996.98	24-Apr-94	40,604.71	607.73			6
Autozone Inc	1513	11-Apr-94	39,997.37	27-May-94	40,447.58	450.21			4
General Electric Co	838	06-May-94	39,995.75	01-Jul-94	40,220.97	225.22			2
GM Corp	767	20-Jun-94	40,110.14	19-Aug-94	40,874.68	764.54		115.17	8
Caterpillar Inc	778	18-Aug-94	40,170.09	26-Sep-94	40,531.28	361.19			3
Scientific Atlanta Inc	1811	22-Sep-94	40,175.28	01-Nov-94	40,853.51	678.23			6
CBS Inc	611	19-Oct-94	40,175.25	02-Dec-94	40,853.34	678.09			6
US Treasury Bills	Various	Various	176,055.91	31-Dec-94	176,055.91		167.54		1
Federal Cash Reserves	Various	Various	7,077.84	31-Dec-94	7,077.84			8.95	
					528,419.29	4,665.76	167.54	124.12	4,9



BERNARD L. MADOFF
Investment Securities

285 Third Avenue New York, NY 10022-4834

Pg 54 of 63

212 230-242

800 334-1341

Telex 235131

Fax 212 486-8171

ALL CLUB MEMBERS MUST SIGN

Name (Print) Elaine Langweiler		Name (Signature) <i>Elaine Langweiler</i>	
Address	Redacted	Witness <i>John M. Langweiler</i>	Date <i>10/7/8/94</i>
Name (Print)		Name (Signature)	
Address		Witness	Date
Name (Print)		Name (Signature)	
Address		Witness	Date
Name (Print)		Name (Signature)	
Address		Witness	Date
Name (Print)		Name (Signature)	
Address		Witness	Date
Name (Print)		Name (Signature)	
Address		Witness	Date
Name (Print)		Name (Signature)	
Address		Witness	Date
Name (Print)		Name (Signature)	
Address		Witness	Date
Name (Print)		Name (Signature)	
Address		Witness	Date

Affiliated with:

Madoff Securities International Ltd.

43 London Wall, London England EC2M 5TB.071-374 0891

MCMDP_00010415

DAVID SHAPIRO
PROFESSIONAL ENGINEER

Redacted

Redacted

June 26, 1994

Dear -

Mr. Madoff has requested that I restructure my nominee accounts as investment clubs to ease any possible SEC questions, and requests that I obtain a signed agreement from each member. A copy of the agreement form is enclosed for each of you. Please keep one set and return the other.

Mr. Madoff has also requested that each investor sign his standard broker's client agreement. A copy is enclosed. Please both sign the second page where indicated, and have your signatures witnessed and dated. A copy of the form is enclosed for your records.

I'll be grateful for a prompt reply.

Best regards,

David Shapiro

DS/pc
Encl

5/13/09

Elaine - This note was sent
to you in 1994. A copy of your
signed form follows.

D Shapiro

MCMDP_00010416



BERNARD L. MADOFF
Investment Securities

885 Third Avenue New York, NY 10022-4834

212 230-2424
800 334-1343
Telex 235130
Fax 212 486-8178

CLUB ACCOUNT AGREEMENT

Account Number 1-80067-1
6/15 19 94

Please read carefully:

The undersigned hereby represent and warrant to you that they are all the members of a Club known as

DAVID SHAPIRO NOMINEE 3

and hereinafter called the "Club," and the undersigned hereby authorize you to open a securities account for the Club,

to be known as the DAVID SHAPIRO NOMINEE 3 Account.
(Name of Club)

DAVID SHAPIRO is hereby appointed the agent and attorney-in-fact of the Club, and for its account and risk, to buy, sell and trade in stocks, bonds, listed options ~~including uncovered writing~~, any other securities in said account in accordance with your terms and conditions. You may conclusively assume that all action taken and instructions given by said agent and attorney-in-fact have been properly taken or given pursuant to authority vested in such agent and attorney-in-fact by all the members of the Club. You are authorized to follow the instructions of the said agent and attorney-in-fact in every respect concerning said account, and to make delivery of securities and payment of monies to him or as he may order and direct and to send to him all reports, confirmations and statements relating to the account. The said agent and attorney-in-fact is hereby authorized to execute and deliver on behalf of the Club and its members your customers agreement, stock loan agreement, option agreement and any other agreements you may require, and to act for the undersigned in every respect concerning said account and to do all other things necessary or incidental to the conduct of said account. The undersigned agree that if new members are admitted to the Club, the undersigned will cause such new members to adopt and be bound by this authorization and indemnity.

This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which you may now have under any other agreement or agreements between you and the undersigned, or any of them, now existing or hereafter entered into, and is binding on the undersigned and their legal representatives, successors and assigns. This authorization and indemnity is also a continuing one and shall remain in full force and effect until revoked by a written notice, addressed to Bernard L. Madoff Investment Securities, 885 Third Avenue, New York, NY 10022, signed by any DAVID SHAPIRO ~~members of the Club~~
(Fill in number)

No such revocation shall affect any liability arising out of any transaction initiated prior to receipt of such revocation.

~~The undersigned, jointly and severally agree to indemnify and hold you, your controlling persons, successors and assigns harmless from and to pay promptly on demand any debit balance in said account.~~

It is further agreed that in the event of the death of any of the undersigned, the survivors shall immediately give you written notice thereof, and you may, before or after receiving such notice, take such proceeding, require such papers, retain such portion of any/or restrict transactions in the account as you may deem advisable to protect you against any liability, tax, or penalty under any present or further laws or otherwise. The estate of any of the undersigned who shall have died shall be liable, and each survivor shall continue to be jointly and severally liable, to you for any net debit balance or loss in said account resulting from the completion of transactions initiated prior to the receipt by you of the written notice of the death of the decedent or incurred in the liquidation of the account or the adjustment of the interests of the respective parties.

This authorization and indemnity shall inure to the benefit of your present firm and its controlling persons, successors and assigns in business, irrespective of any change or changes of any kind in the personnel thereof for any cause whatsoever.

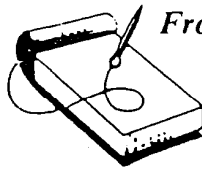
x David Shapiro Agent
(Signature of Agent and Attorney-in-fact)

Affiliated with:

Madoff Securities International Ltd.

43 London Wall, London England EC2M 5TB.071-374 0891

MCMDP_00010417



From the desk of

DAVID SHAPIRO

January 19, 1994

Elaine Langweiler

Redacted

Dear Elaine,

Your share in the David Shapiro Nominee 4 account
with Bernard L. Madoff 885 Third Avenue, New York,
N.Y. 10022 totals \$40,000.00.

Please retain this letter in your files.

Best regards,

A handwritten signature in cursive script that reads "David Shapiro". The signature is fluid and stylized, with the first name being more prominent.

David Shapiro

DS/pc

MCMDP_00010418

SCHEDULE K-1
(Form 1065)Department of the Treasury
Internal Revenue Service**Partner's Share of Income, Credits, Deductions, etc.**

▶ See separate instructions.

OMB No. 1545-0099

1993For calendar year 1993 year beginning 1993, and ending 1993Partner's identifying number ▶ Redacted 1599 Partnership's identifying number ▶ 11 3193182Partner's name, address, and ZIP code
ELAINE LANGWEILER
Redacted Partnership's name, address, and ZIP code
DAVID SHAPIRO NOMINEE
Redacted

- A** This partner is a ☐ general partner ☒ limited partner
☐ limited liability company member **INDIVIDUAL**
- B** What type of entity is this partner? ▶ **INDIVIDUAL**
- C** Is this partner a ☐ domestic or a ☐ foreign partner?
- D** Enter partner's percentage of: (i) Before change or termination (ii) End of year
- Profit sharing % %
- Loss sharing % %
- Ownership of capital % %
- E** IRS Center where partnership filed return: **HOLTSVILLE**

- F** Partner's share of liabilities (see instructions):
- Nonrecourse \$
- Qualified nonrecourse financing \$
- Other \$
- G** Tax shelter registration number
- H** Check here if this partnership is a publicly traded partnership as defined in section 469(k)(2) ☐
- I** Check applicable boxes: (1) ☐ Final K-1 (2) ☐ Amended K-1

J Analysis of partner's capital account:

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Partner's share of lines 3, 4, and 7, Form 1065, Schedule M-2	(d) Withdrawals and distributions	(e) Capital account at end of year (combine columns (a) through (d))
0	20,000	1,294	(1,294)	20,000

(a) Distributive share item		(b) Amount	(c) 1040 filers enter the amount in column (b) on:
Income (Loss)	1 Ordinary income (loss) from trade or business activities	1	See Partner's Instructions for Schedule K-1 (Form 1065).
	2 Net income (loss) from rental real estate activities	2	
	3 Net income (loss) from other rental activities	3	
	4 Portfolio income (loss):		Sch. B, Part I, line 1 Sch. B, Part II, line 5 Sch. E, Part I, line 4 Sch. D, line 5, col. (f) or (g) Sch. D, line 13, col. (f) or (g) Enter on applicable line of your return.
	a Interest	4a 10	
	b Dividends	4b 2	
	c Royalties	4c 1,283	
	d Net short-term capital gain (loss)	4d	
	e Net long-term capital gain (loss)	4e	
Deductions	f Other portfolio income (loss) (attach schedule)	4f	See Partner's Instructions for Schedule K-1 (Form 1065). Enter on applicable line of your return.
	5 Guaranteed payments to partner	5	
	6 Net gain (loss) under section 1231 (other than due to casualty or theft)	6	
	7 Other income (loss) (attach schedule)	7	
Investment Interest	8 Charitable contributions (see instructions) (attach schedule)	8	Sch. A, line 13 or 14 See Partner's Instructions for Schedule K-1 (Form 1065).
	9 Section 179 expense deduction	9	
	10 Deductions related to portfolio income (attach schedule)	10	
	11 Other deductions (attach schedule)	11	
Credits	12a Interest expense on investment debts	12a	Form 4952, line 1 See Partner's Instructions for Schedule K-1 (Form 1065).
	b (1) Investment income included on lines 4a, 4b, 4c, and 4f above	b(1) 12	
	(2) Investment expenses included on line 10 above	b(2)	
	13a Credit for income tax withheld	13a	
Credits	b Low-income housing credit:		Form 8586, line 5
	(1) From section 42(j)(5) partnerships for property placed in service before 1990	b(1)	
	(2) Other than on line 13b(1) for property placed in service before 1990	b(2)	
	(3) From section 42(j)(5) partnerships for property placed in service after 1989	b(3)	
	(4) Other than on line 13b(3) for property placed in service after 1989	b(4)	
	c Qualified rehabilitation expenditures related to rental real estate activities (see instructions)	13c	See Partner's Instructions for Schedule K-1 (Form 1065).
	d Credits (other than credits shown on lines 13b and 13c) related to rental real estate activities (see instructions)	13d	
	e Credits related to other rental activities (see instructions)	13e	
	14 Other credits (see instructions)	14	

For Paperwork Reduction Act Notice, see Instructions for Form 1065.

Cat. No. 11394R

Schedule K-1 (Form 1065) 1993

MCMDP_00010419

(a) Distributive share item		(b) Amount	(c) 1040 filers enter the amount in column (b) on:
Self-employment	15a Net earnings (loss) from self-employment	15a	Sch. SE, Section A or B See Partner's Instructions for Schedule K-1 (Form 1065).
	b Gross farming or fishing income	15b	
	c Gross nonfarm income	15c	
Adjustments and Tax Preference Items	16a Depreciation adjustment on property placed in service after 1986	16a	See Partner's Instructions for Schedule K-1 (Form 1065) and instructions for Form 6251.
	b Adjusted gain or loss	16b	
	c Depletion (other than oil and gas)	16c	
	d (1) Gross income from oil, gas, and geothermal properties	d(1)	
	(2) Deductions allocable to oil, gas, and geothermal properties	d(2)	
e Other adjustments and tax preference items (attach schedule)	16e		
Foreign Taxes	17a Type of income ▶		Form 1116, check boxes
	b Name of foreign country or U.S. possession ▶		Form 1116, Part I
	c Total gross income from sources outside the United States (attach schedule)	17c	
	d Total applicable deductions and losses (attach schedule)	17d	
	e Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	17e	Form 1116, Part II
	f Reduction in taxes available for credit (attach schedule)	17f	Form 1116, Part III
	g Other foreign tax information (attach schedule)	17g	See Instructions for Form 1116.
Other	18a Total expenditures to which a section 59(e) election may apply	18a	See Partner's Instructions for Schedule K-1 (Form 1065).
	b Type of expenditures ▶		
	19 Tax-exempt interest income	19	Form 1040, line 8b
	20 Other tax-exempt income	20	See Partner's Instructions for Schedule K-1 (Form 1065).
	21 Nondeductible expenses	21	
	22 Recapture of low-income housing credit:		Form 8611, line 8
a From section 42(j)(5) partnerships	22a		
b Other than on line 22a	22b		
Information	23 Supplemental information required to be reported separately to each partner (attach additional schedules if more space is needed):		
	Y		
	100% OF INTEREST INCOME IS ATTRIBUTABLE TO US TREASURY INTEREST.		
	COPY		
	COPY		

Elaine Langweiler - Share of "David Shapiro, Nominee 3" Account with
Bernard L. Madoff, Broker, for Calendar Year 1992.

SECURITY	SHARES	PURCHASE DATE	PURCHASE PRICE	SALE PROCEEDS	SHORT TERM PROFIT	DIVIDEND	INTEREST	PAYMENT
Anadarko Petroleum Corp	483	6/18/93	19,983.40	20,534.26	550.85			550.85
Enron Corp	594	8/13/93	20,019.59	20,312.33	292.73			292.73
Snapple Beverage Corp	777	9/16/93	20,020.00	20,290.26	270.26			270.26
Malaysia Fund Inc	927	10/27/93	20,035.87	20,204.82	168.95			168.95
US T-Bill Due 1/13/94	11429	8/31/93	11,292.02	11,301.79	-		9.77	9.77
Fed Cash Reserve Divs		Various				1.76		1.76
				92,643.45	1,282.79	1.76	9.77	1,294.32

MCMDP_00010420

INVESTMENT CLUB MEMBERSHIP AGREEMENT

I hereby register as a member of the David Shapiro Nominee 3 investment club. I have invested in the club, and will receive a share of the earnings of the club in proportion to my investment.

The club invests all of its funds in a discretionary brokerage account, known as David Shapiro Nominee 3, with Bernard L. Madoff at 885 Third Avenue, New York, NY 10022.

David Shapiro will serve as president of the club. He will execute all transactions with Madoff, will receive payments of profits from Madoff, and will distribute those profits to club members. He will prepare partnership income tax returns and report annually to the club members. In return for these services he will receive 10% of all club earnings.

Shapiro will remit to me 90% of my investment, divided by the total club investment, times each payment of account earnings that he receives from Madoff.

I understand that I may request return of all or part of my investment at any time, in units of \$5,000.00, and that Shapiro will forward the request to Madoff expeditiously. Payment of the entire amount will be forwarded to me one week after Shapiro receives it from Madoff. I understand that Madoff will defer payment until completion of any deal the club funds are invested in.

I may add to my investment in units of \$5,000.00, by mailing a check to Shapiro, who will forward the proceeds to Madoff one week after he receives it. I understand that although Madoff has been accepting such additions, he may, at some future time, change that practise.

I have currently invested \$40,000.00 in the club.

Signed: _____


Elaine Langweiler

Accepted: _____


David Shapiro

OPTION AGREEMENT

TO: BERNARD L. MADOFF INVESTMENT SECURITIES

In order to induce you to carry accounts ("Option Accounts") for me (however designated) for transactions in option contracts (including, without limitations, purchase, sale, transfer, exercise and endorsement) ("Option Transaction"), I hereby warrant, represent and agree with you as set forth below on this Option Agreement.

1. I understand, and am well aware, that option trading may be highly speculative in nature. I am also aware that on certain days, option trading may cease and this could result in a financial loss to me. I agree to hold BERNARD L. MADOFF, its other Divisions, and its officers, Directors and Agents harmless for such loss.
2. I understand that any option transaction made for any account of mine is subject to the rules, regulations, customs and usages of The Options Clearing Corporation and of the registered national securities exchange, national securities association, clearing organization or market where such transaction was executed. I agree to abide by such rules, regulations, custom and usages and I agree that, acting individually or in concert with others, I will not exceed any applicable position or exercise limits imposed by such exchange, association, clearing organization or other market with respect to option trading.
3. If I do not satisfy, on a timely basis, your money or security calls, you are authorized in your sole discretion and without notification, to take any and all steps you deem necessary to protect yourself (for any reason) in connection with option transactions for my account including the right to buy and/or sell (including short or short exempt) for my account and risk any part or all of the shares represented by options handled, purchased, sold and/or endorsed by you for my account or to buy for my account and risk any option as you may deem necessary or appropriate. Any and all expenses or losses incurred in this connection will be reimbursed by me.
4. In addition to the terms and conditions hereof, my option account will be subject to all of the terms and conditions of all other agreements heretofore or hereafter at any time entered into with you relating to the purchase and sale of securities and commodities except to the extent that such other agreements are contrary to or inconsistent herewith.

Affiliated with:

Madoff Securities International Ltd.
43 London Wall, London England EC2M 5TB.071-374 0891

MCMDP_00010422

5. This agreement shall apply to all puts or call which you may have executed, purchased, sold or handled for any account of mine and also shall apply to all puts, or calls which you may hereafter purchase, sell, handle or execute for any account of mine.
6. I have received from BERNARD L. MADOFF the most recent risk disclosure document entitled "Understanding the Risks and Uses of Listed Options", "Listed Options on Stock Indices", "Listed Options on Foreign Currencies", and "Listed Options in Debt Instruments". I have read and understand the information contained in these documents.
7. I understand that you assign exercise notices on a random basis except that with respect to options on the following debt instruments: Treasury Bonds, Treasury Notes, Treasury Bills and GNMA, you may preferentially assign exercises of block-size (i.e. covering \$1,000,000 or more of underlying securities) to block-size writing positions and you may preferentially assign smaller exercises to smaller writing positions. I understand that upon my request you will provide me with further information regarding the procedure used to assign exercise notices.

DATED _____ ACCOUNT NO. _____

1-S0067

DAVID SHAPIRO NOMINEE
NOMINEE #3

SIGNATURES

Redacted

(If Individuals)

Redacted

(If a Corporation)

(Name of Corporation)

By _____ (Second Party If Joint Account)

Title _____

(If a Partnership)

(Name of Partnership)

SEAL

By _____
(A Partner)

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Attn: Bit Cheema*

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